



## Parking Citation Overpayment Refund Request

To request a refund, please print, complete, sign and mail/fax/email this form.

### Required Information:

Name (Please Print): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Email: \_\_\_\_\_

LICENSE PLATE: \_\_\_\_\_ STATE: \_\_\_\_\_

### If Available:

OVERPAID CITATION NUMBER(S):

\_\_\_\_\_

I certify that I made the payments and am entitled to a refund for the overpayments on the parking citation/vehicle license plate listed above.

Signature: \_\_\_\_\_

If we verify an overpayment exists, staff will contact you for proof of payment such as a copy of the front and back of cancelled check/money order, copy of credit card statement, or a copy of receipt for payment.

Please mail this form to: ~or~ Fax this form 949-644-3118

CNB Cashiering

Email this form to [cashierhelp@city.newport-beach.ca.us](mailto:cashierhelp@city.newport-beach.ca.us)

PO Box 1768

Newport Beach, CA 92658

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### FOR INTERNAL USE ONLY

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_